

VN - GRADUATE LEARNING OUTCOMES RATIONALES AND EVIDENCE

Provide quality, safe, patient-centered nursing care using evidence-based practices.

This outcome integrates the core concepts of quality, safety, and evidence-based practice (EBP) and expands upon multiple national and regional standards of quality, safe, patient-centered nursing practices. The National Federation of Licensed Practical Nurses (2012) notes that the Vocational Nurse/Practical Nurse utilizes specialized knowledge and skills which meet the health needs of people in a variety of settings under the direction of qualified health professionals. Further, the National League for Nursing (NLN) Education Competencies Model displays the integrating concepts of “knowledge and science” and “quality and safety” (NLN, 2010). These NLN concepts are extended in this outcome to incorporate the work of the Quality, Safety, and Education in Nursing (QSEN) group, formed from the Institute of Medicine (IOM) studies, which focused on patient safety and quality of care (AHRQ, 2008; Finkelman & Kenner, 2009). This outcome also articulates regulations from the Vocational Nursing Practice Act: Article 2, Section 2859). Vocational Nursing is a unique art and science, the practice of which revolves around patient-centered care under the direction of a licensed physician or Registered Nurse (Board of Vocational Nursing and Psychiatric Technicians [BVNPT], 2012).

Sub-concepts for this outcome include:

- Evidence-based practice (EBP)
- Safety (clinical competency)
- Nursing process
- Patient education
- Diversity
- Advocacy
- Patient-centered care

NCLEX categories and subcategories

- Safe and effective care environment
- Health promotion and maintenance
- Psychosocial integrity
- Physiological integrity

Related Graduate Competencies:

- Contribute and prioritize an individualized plan of care to provide psychosocial integrity, physiological integrity, and health promotion and maintenance within a variety of healthcare systems.
- Perform, interpret, and evaluate holistic assessments of patients taking into consideration patient values, preferences, expressed needs, and the impact of developmental, emotional, cultural, religious, and spiritual influences on the patient’s health status.
- Formulate and provide health teaching that addresses such topics as healthy lifestyles, risk-reducing behaviors, developmental needs, activities of daily living, and preventative self-care.

- Provide individualized, patient-centered care with sensitivity and respect for the diversity of the human experience.
- Incorporate evidence-based practices into clinical decision-making to guide safe nursing care.
- Safely and competently perform all nursing interventions within the healthcare microsystem.
- Demonstrate quality care measures by documenting within the framework of the nursing process in a responsible and ethical manner.

Function as a professional and competent entry-level health care provider while assimilating all ethical and legal principles.

The foundation for this outcome is built on the NLN Education Competencies Model (NLN, 2010) which focuses on the core value of ethics and the integrating concept of professional development. To be effective, vocational nursing graduates must understand the values and priorities of the profession and integrate these values into their professional practice. As a member of the nursing profession, self-regulated entry-level health care providers attain and maintain knowledge and competency that reflects current nursing practice to ensure patient safety and quality care (ANA, 2010b). Vocational Nurse graduates recognize their responsibility toward continued lifelong learning to keep current with the continuously changing healthcare environment, developments in technology, and evidence-based practices (ANA, 2008a).

Vocational nurses must also integrate the ethical provisions delineated in the ANA Code of Ethics for Nurses (ANA, 2001). Vocational nurse graduates are expected to have a clear understanding of their accountability and responsibility for public safety, deliverance of quality care, and patient outcomes. Accountability for nursing judgment and action means that nurses act under a code of ethical conduct that is grounded in moral principles of fidelity (faithfulness) and respect for dignity, worth, and self-determination of patients (ANA, 2010b). The nurses' ethical responsibilities include: protecting patient autonomy, dignity, and rights; maintaining patient confidentiality; serving as a patient advocate; maintaining professional patient-nurse boundaries; practicing self-care; resolving ethical issues in healthcare; and reporting illegal, incompetent, or impaired practices (ANA, 2010a).

Sub-concepts for this outcome include:

- Ethical behavior
- Standards of practice/legal principles
- Accountability
- Role socialization
- Professional boundaries

NCLEX categories and subcategories

- Safe and effective care environment

Related Graduate Competencies:

- Practice within the professional standards, ethical behaviors, and legal principles of nursing practice.
- Assume accountability for nursing care given by self and/or delegated to others.
- Promote the image of nursing by modeling the values and articulating the knowledge, skills, and attitudes of the nursing profession.
- Exhibit professional attitudes and behaviors including attention to appearance, demeanor, and respect for self and others while maintaining professional boundaries with patients, families, and caregivers.
- Demonstrate practice excellence, value lifelong learning, and engage in activities that foster professional growth and development.

Provide leadership in a variety of healthcare settings for diverse patient populations.

This outcome focuses on the core concept of Leadership and flows from the NLN Education Competencies Model's (NLN, 2010) integrating concepts of Quality and Safety as well as the ANA's Standards of Professional Performance (Leadership) (ANA, 2010a). The National Federation of Licensed Practical Nurses ([NFLPN] , 2012) notes that the licensed vocational/practical nurse will provide leadership in both the professional practice setting and within the profession of nursing. Nursing leadership encompasses such values as genuineness, trustworthiness, reliability, compassion, and believability. Nursing leaders convey a strong sense of advocacy and support on behalf of the patient and their families, staff, and community members in diverse health care settings. Vocational Nurse graduates must have leadership skills that emphasize ethical and critical decision-making, prioritization, coordination of patient care, delegation of nursing activities, and developing resolution strategies (American Association of Colleges of Nursing [AACN], 2008; NFLPN, 2012). The nurse remains accountable for any decision to delegate activities and remains responsible for supervising or monitoring those to whom tasks are delegated (ANA, 2010b; BVNPT, 2012, NFLPN, 2012). As a member of a healthcare team, vocational nurse graduates must understand and use quality improvement concepts, processes, and outcome measures (AACN, 2008).

Sub-concepts for this outcome include:

- Coordinator of care
- Delegation/supervision
- Quality improvement

NCLEX categories and subcategories

- Safe and effective care environment
 - Coordinator of care

Related Graduate Competencies:

- Intervene as the patient's advocate to improve health care while managing a group of patients.
- Model effective use of organizational and time management skills in order to meet the health care needs of patients.
- Coordinate care for multiple patients across settings and among caregivers, including licensed and unlicensed personnel in any assigned or delegated tasks.

- Apply quality improvement processes to effectively implement patient safety initiatives and monitor performance measures.

Integrate caring relationships into nursing interventions that positively influence health outcomes and demonstrate sensitivity to the values of others.

This outcome focuses on the core value of Caring and flows from the NLN Education Competencies Model's (NLN, 2010) integrating concept of Relationship-Centered Care. The art of nursing is based on a framework of caring and respect for human dignity (ANA, 2010b). Establishing trusting relationships with patients grounded in a philosophy of 'being with' rather than 'doing to' directs nursing care. Caring relationships enhance the quality of human interactions that provide feedback about life experiences and human advancement. The foundation for care provided by nurses is the personal relationship between the nurse and the patient. It is through this relationship that information is exchanged, feeling and concerns are shared, interventions are provided, and outcomes are attained.

Relationship-centered care to diverse populations includes knowledge of and sensitivity to variables such as age, gender, culture, health disparities, socioeconomic status, race, and spirituality (AACN, 2008). Collegiality is a mindset characterized by having authority vested equally among colleagues or members of the same profession. It includes sharing knowledge, making decisions corroboratively, and commitment to respectfully working with interprofessional team members. The nurse maintains compassionate and caring relationships with colleagues and others, committed to fair treatment of all individuals, seeking integrity-preserving compromise when conflicts arise (Duffy, 2009).

Sub-concepts for this outcome include:

- Relationship-centered care
- Collegiality
- Cultural Sensitivity
- Spirituality

NCLEX categories and subcategories

- Psychological Integrity

Related Graduate Competencies:

- Involve patient, family, and other healthcare providers regarding patient care in a holistic manner.
- Develop and implement health promotion activities appropriate to the situation and the patient's developmental level, learning needs, language preference, spiritual beliefs, and culture.
- Integrate the spiritual, physical, psychological, and social aspects of the patient promoting a sense of harmony with self, others, the environment, and a higher power (ANA, 2005).
- Evaluate expected patient outcomes in a collaborative and caring manner that provides direction for continuity of care.

Participate in collaborative relationships through communication with members of the interprofessional healthcare team for the purpose of providing and improving patient care.

This outcome focuses on the concept of Collaboration/Communication and flows from the NLNs integrating concept of Teamwork (NLN, 2010), as well as the ANA Standards of Professional Performance (Collaboration), and the ANA Standards of Nursing Practice (Coordination of Care and Consultation) (ANA, 2010a). Collaboration is based on the complementarities of roles and the understanding of these roles by all members of the healthcare team (AACN, 2008). The complexity of healthcare delivery systems requires an interprofessional approach to the delivery of services that has the strong support and active participation of all the health professions (ANA, 2008a). Effective inter/intraprofessional communication and collaboration are imperative to the provision of high quality and safe patient-centered care (AACN, 2008). The vocational nurse graduate must be able to participate the development of a documented plan, focused on outcomes and decisions related to care and delivery of services that indicate communication with patients, families, and the interprofessional healthcare team (ANA, 2010a; BVNPT, 2012). For conflict resolution to occur, it is important that mechanisms are in place that facilitates open communication and support in an environment where issues can be addressed and resolved appropriately (ANA, 2008a).

Sub-concepts for this outcome include:

- Inter/intraprofessional communication skills
- Conflict resolution
- Documentation

NCLEX categories and subcategories

- Safe and effective care environment
 - Coordinator of care
 - Safety and infection control
- Psychosocial integrity
- Physiological integrity
 - Basic care and comfort
 - Pharmacological and parenteral therapies
 - Reduction of risk potential
 - Physiological adaptation

Related Graduate Competencies:

- Incorporate effective communication techniques, including negotiation and conflict resolution, to produce positive professional working relations.
- Contribute the unique nursing perspective to interprofessional teams to optimize patient outcomes.
- Apply inter/intraprofessional communication and collaborative skills to deliver evidence-based patient-centered care.
- Advocate for high quality and safe patient care as a member of the interprofessional team.
- Prioritize and document care data that serve as a foundation for decision making for the health care team.

Incorporate critical thinking principles using reasoning and adaptability to make sound clinical judgments necessary for the provision of quality patient care and continuous quality improvement.

This outcome focuses on the concept of Critical Thinking which is a necessary process for formulating clinical reasoning and rendering sound clinical judgment. Critical thinking in nursing is an essential component of professional accountability and quality nursing care (IOM, 2009). According to the National League for Nursing Accrediting Commission (NLNAC, 2002), critical thinking is the deliberate nonlinear process of collecting, interpreting, analyzing, drawing conclusions about, presenting, and evaluating information that is both factually and belief-based. In nursing, critical thinking is demonstrated through the development of clinical reasoning skills, which incorporate ethical, diagnostic, and therapeutic dimensions while utilizing current, evidence-based nursing knowledge to guide practice (ANA, 2010a). Nurses are required to use their holistic nursing knowledge base to think through each situation in order to provide individualized, effective, and safe nursing care (Billings & Halstead, 2009). Clinical judgment is defined as an application of both critical thinking and clinical reasoning processes, using in-depth analysis and evaluation of knowledge and skills, whereby the nurse knows why an intervention is needed, how to perform the intervention competently, and can justify clinical decision-making which allows the clinician to fit his or her knowledge and experience to an individual patient (IOM, 2009).

Sub-concepts for this outcome include:

- Clinical reasoning/decision-making
- Clinical judgment

NCLEX categories and subcategories

- Psychosocial integrity
- Physiological adaptation
 - Reduction of risk potential

Related Graduate Competencies

- Justify clinical judgment and decision-making skills to provide individualized, quality, safe care.
- Prioritize data collection plan interventions based on the patient's immediate condition or anticipated needs of the patient and situation.
- Synthesize ongoing evaluation measures supported by assessment data to revise the diagnosis and outcomes, of the individualized plan.
- Engage in self-reflection and inquiry to identify learning needs and participate in lifelong learning activities.

Employ technology to effectively communicate, manage knowledge, prevent errors, and support decision-making.

This outcome focuses on the concept of Informatics. The ANA's Nursing Informatics: Scope and Standards of Practice (2008b) notes that the goal of nursing informatics is to improve the health of populations, communities, families, and individuals by optimizing information management and communication. These activities include the use of informatics to support all areas of nursing including the direct provision of care, managing and delivering educational experiences, enhancing lifelong learning and supporting nursing research (ANA, 2008b).

The AACN reinforces the integration of nursing informatics in nursing education as knowledge and skills in information management and patient care technology are critical in the delivery of quality patient care (AACN, 2008). Graduate nurses must have basic competence in technical skills, which includes the use of computers as well as the application of patient care technology (AACN, 2008). Finkelman and Kenner (2009) emphasize that nurse educators need to incorporate technology competencies into the critical skills and terminal objectives of educational programs.

Sub-concepts for this outcome include:

- Patient care technologies
- Technology and information systems
- Computer skills

NCLEX categories and subcategories

- Safe and effective care environment
- Coordinator of Care

Related Graduate Competencies

- Demonstrate proficiency in computer literacy including the ability to use desktop applications and electronic communication to promote effective communication and support decision-making.
- Plan appropriate nursing care using patient care technologies, information systems, and communication devices that support safe nursing practice.
- Integrate information technology to support clinical and administrative processes.
- Access data and perform documentation via computerized patient records, while upholding ethical standards.

GLOSSARY

Accountability: To be answerable to one's self and others for one's own actions. Nurses are accountable for judgments made and actions taken in the course of nursing practice (ANA, 2001).

Advocacy: To help and guide patients to make well-informed decisions about their health for the best outcomes and in the quest to create more effective systems and policies (Earp, French, & Gilkey, 2008).

Autonomy: The right to self-determination. Professional practice reflects autonomy when the nurse respects patients' rights to make decisions about health care (AACN, 2008).

Caring: Caring is the essence of nursing. It is relationship-centered and requires both an intention and a moral/ethical commitment to care for the patient. It involves sensitivity, respect, the preservation of human dignity, and the incorporation of caring physical acts into therapeutic interventions (Watson, 1999; Duffy, 2009).

Clinical Judgment: An application of clinical reasoning, using in-depth analysis and evaluation of knowledge and skills, whereby the nurse knows why an intervention is needed, how to perform the intervention competently, and can justify clinical decision-making; allowing the clinician to fit his or her knowledge and experience to an individual patient (IOM, 2009).

Clinical Reasoning: An in-depth mental process of analysis and evaluation of knowledge and skills; the process of arriving at problem identification (IOM, 2009).

Collaboration: Collaboration involves functioning effectively within nursing and inter-professional teams, fostering open communication, mutual respect, and shared decision-making that achieves quality patient care (QSEN, 2007). Collaboration also includes communication and partnerships with providers, patients, families, and stakeholders.

Collegiality: Interacts with and contributes to the professional development of peers and colleagues (ANA, 2010a).

Communication: Communication is a process by which the nurse assigns and conveys meaning in an attempt to create shared understanding. This process requires skills in intrapersonal and interpersonal processing, listening, observing, speaking, questioning, analyzing, and evaluating. It is through communication that collaboration and cooperation occur.

Competency: "An expected and measurable level of nursing performance that integrates knowledge, skills, and abilities and judgment based on established scientific knowledge and expectations for nursing practice" (ANA, 2010a, p. 64).

Computer Skills: Includes basic desktop applications such as word processing, spread sheets, and e-mail for communication.

Conflict Resolution: A cooperative and constructive solution to a problem that empowers those involved, leading to improved relationships and positive outcomes (Whitehead, Weiss & Tappen, 2010).

Coordinator of Care: The vocational nurse collaborates with health care team members to facilitate effective patient care (NCSBN, 2011).

Critical Thinking: The deliberate nonlinear process of collecting, interpreting, analyzing, drawing conclusions about, presenting, and evaluating information that is both factually and belief based (NLNAC, 2002).

Cultural Sensitivity: Cultural sensitivity is experienced when neutral language, both verbal and not verbal, is used in a way that reflects sensitivity and appreciation for the diversity of another. Cultural sensitivity may be conveyed through words, phrases, and categorizations that are intentionally avoided, especially when referring to any individual who may be interpreted as impolite or offensive (American Academy of Nursing Expert Panel on Cultural Competence, 2007).

Delegation: Determining what individual team members should do (Finkelman & Kenner, 2009, p. 205). The transfer of responsibility for the performance of an activity from one individual to another while retaining accountability for the outcome (ANA, 2010a).

Diversity: “The range of human variation, including age, race, gender, disability, ethnicity, nationality, religious and spiritual beliefs, sexual orientation, political beliefs, economic status, native language, and geographical background” (AACN, 2008, p. 37).

Documentation: Written or electronic communication and record keeping that facilitates information flow to support continuity, quality, and safety of care (AHRQ, 2008).

Environment: The atmosphere, milieu, or conditions in which an individual lives, works, and plays, and within which care is provided (ANA, 2010a).

Ethical Behavior: The integration of ethical provisions in all areas of nursing practice (ANA, 2001).

Evidence-based Practice (EBP): A scholarly and systematic problem-solving paradigm that results in the delivery of high-quality healthcare (ANA, 2010a)

Health: Health is patient-defined and connotes well-being, comfort, holism, and optimal functioning (Duffy, 2009). “An experience that is often expressed in terms of wellness and illness and may occur in the presence or absence of disease or injury” (ANA, 2010a, p.65).

Healthcare Team: The patient plus all of the healthcare professionals who provide care for the patient. The patient is an integral member of the healthcare team (AACN, 2008).

Informatics: Informatics refers to the use of information and technology to communicate, manage knowledge, mitigate error, and support decision making (QSEN, 2007).

Interprofessional: Working across healthcare professions to cooperate, collaborate, communicate, and integrate care in teams to ensure that care is continuous and reliable. The team consists of the patient, the nurse, and other healthcare providers as appropriate (IOM, 2003).

Intraprofessional: Working with healthcare team members within the profession to ensure that care is continuous and reliable (AACN, 2008).

Leadership: The ability to direct or motivate an individual or group to achieve set goals (Taylor, Lillis, LeMone, & Lynn, 2011).

Nurse: An individual who is licensed by a state agency to practice as a registered or licensed vocational nurse.

Nursing: Nursing is the “protection, promotion, and optimization of health and abilities, prevention of illness and injury, alleviation of suffering through the diagnosis and treatment of human response, and advocacy in the care of individuals, families, communities, and populations” (ANA, 2010a, p. 66).

Nursing Process: A critical thinking model that encompasses all significant actions taken by registered nurses and forms the foundation of the nurses’ decision-making. It includes the components of assessment, diagnosis, outcomes, identification, planning, implementation, and evaluation (ANA, 2010a).

Patient: The recipient of nursing care or services. Patients may be individuals, families, groups, communities, or populations. Patients may function in independent, interdependent, or dependent roles, and may seek or receive nursing interventions related to disease prevention, health promotion, or health maintenance, as well as illness and end-of-life care (AACN, 2008).

Patient Care Technologies: Includes monitors, data gathering devices and technological support for patient care such as electronic medical records, order, entry systems, electronic dispensing and administration of medications, and decision support systems.

Patient-Centered Care: Patient-centered care includes actions to identify, respect and care about patients’ differences, values, preferences, and expressed needs; relieve pain and suffering, coordinate continuous care; listen to, clearly inform, communicate with, and educate patients; share decision making and management; and continuously advocate disease prevention, wellness, and promotion of healthy lifestyles, including a focus on population health (IOM, 2003).

Patient Education: The process of influencing the patient’s behavior to effect changes in knowledge, attitudes, and skills needed to maintain and improve health (Taylor et al., 2011).

Professional Boundaries: Professional boundaries separate therapeutic behavior of the nurse from any behavior which, well intentioned or not, could lessen the benefit of care to clients, families, and communities (Maes, 2003). Boundaries give each person a sense of legitimate control in a relationship (Maes, 2003).

Professionalism: Professionalism involves the consistent demonstration of core values evidenced by nurses working with other professionals to achieve optimal health and wellness outcomes in patients, families, and communities by wisely applying principles of altruism, excellence, caring, ethics, respect, communication, and accountability (AACN, 2008).

Quality: Quality in health care is the degree to which health services for individuals and populations increase the likelihood of desired health outcomes and are consistent with current professional knowledge (ANA, 2010a).

Quality Improvement: Use data to monitor the outcomes of care processes and use improvement methods to design and test changes to continuously improve the quality and safety of health care systems (QSEN, 2007).

Relationship-Centered Care: Relationship-centered care refers to the caring relationships that exists

between a nurse and patients, families, communities, and members of the health care team. Relationship- centered care integrates and reflects respect for the dignity and uniqueness of others; the valuing of diversity, integrity humility, mutual trust, self-determination, empathy, the capacity for grace and empowerment (NLN, 2010).

Role Socialization: Formation of an identity as a professional nurse through the assimilation of the standards, values, behaviors, and attitudes of professional nursing practice (AACN, 2008).

Safety: Safety minimizes risk of harm to patients through both system effectiveness and individual performance (QSEN, 2007).

Spirituality: Speaks to what gives ultimate meaning and purpose to one's life. It is that part of people that seeks healing and reconciliation with self or others (Puchalski, 2006). Spiritual care involves interventions that facilitate the patient to experience integration of body, mind, and spirit to achieve wholeness, health, and a sense of connection to self, others, and a higher power (American Nurses Association and Health Ministries Association, 2005, p. 38).

Standards of Practice: Authoritative statements that describe a level of care or performance common to the profession of nursing by which the quality of nursing practice can be judged (ANA, 2010a).

Supervision: Directly overseeing the work or performance of others (Whitehead, Weiss, & Tappen, 2010).

Technology and Information Systems: Includes the use of technology in education, research, and quality improvement using databases, repositories, and online sources to support evidence-based safe practice. Information systems and technology are used to communicate, manage knowledge, prevent error, and support decision making.

Vocational Nurse: An entry-level health care provider who is responsible for rendering basic nursing care who practices under the direction of a licensed physician or Registered Nurse (BVNPT, 2012).

REFERENCES

Agency for Healthcare Research and Quality [AHRQ]. (2008). *Patient safety and quality: An evidence-based handbook for nurses*. Vol. 1, 2, 3. Rockland, MD: Agency for Research and Quality.

American Academy of Nursing, Expert Panel on Cultural Competence (2007). American Academy of Nursing Standards of Cultural Competence.

American Association of Colleges of Nursing [AACN]. (2008). *The essentials of baccalaureate education for professional nursing practice*. Washington, DC: Author.

American Nurses Association [ANA]. (2001). *Code of ethics for nurses with interpretive statements*. Silver Spring, MD: Author.

American Nurses Association [ANA]. (2008a). *Guide to the code of ethics for nurses: Interpretation and application*.

American Nurses Association [ANA]. (2008b). *Nursing informatics: Scope and standards of practice*. Silver Spring, MD: Author.

American Nurses Association [ANA]. (2010a). *Nursing: Scope and standards of practice*. Washington, DC: Author.

American Nurses Association [ANA]. (2010b). *Nursing's social policy statement*. (3rd Ed.) Washington, DC: Author.

American Nurses Association [ANA] and Health Minorities Association. (2005). *Faith community nursing: scope and standards of practice*. Silver Spring, MD: ANA.

Benner, P. E., Tanner, C. A., & Chesla, C. A. (2009). *Expertise in nursing practice: Caring, clinical judgment and ethics* (2nd ed.). New York, NY: Springer.

Billings, D. & Halstead, J. (2013). *Teaching in nursing: A guide to faculty*. St. Louis, MO: Saunders.

Board of Registered Nursing. (2011). *California nursing practice act with regulations and related statutes*. Charlottesville, VA: Matthew Bender & Company, Inc.

BVNPT, NCSBN, National Federation of Licensed Practical Nurses.

Caputi, L. (2010). *Curriculum design and development*. In L. Caputi, (Ed.), *Teaching nursing – The art and science*, Vol 1 (2nd ed.). Glen Ellyn, IL: College of DuPage Press.

Cronenwett, L., Sherwood, G., Barnsteiner J., Disch, J., Johnson, J., Mitchell, P., Sullivan, D., Warren, J. (2007). Quality and safety education for nurses. *Nursing Outlook*, 55(3)122-131.

Duffy, J. (2009). *Quality caring in nursing: Applying theory to clinical practice, education, and leadership*. New York: Springer Publishing Co.

Earp, J., French, E., & Gilkey, M. (2008). Applying *health education theory to patient safety programs: Three case studies*. Health Promotion Practice: Vol 9 (2), p. 123-129.

Finkelman, A. & Kenner, C. (2009). *Teaching IOM: Implications of the institute of medicine reports for nursing education*. American Nurses Association, Silver Spring, MD.

Institute of Medicine [IOM]. (2003). *Health professions education: A bridge to quality*. Washington, DC: National Academies Press.

Institute of Medicine [IOM]. (2009). *HHS in the 21st century: Charting a new course for a healthier America*. Washington, D.C.: The National Academies Press.
http://www.nap.edu/catalog.php?record_id=12513

Maes, S. (2003). How do you know when professional boundaries have been crossed? *Oncology Nursing Society News*, 18(8), 3-5.

National League for Nursing [NLN]. (2010). *Outcomes and competencies for graduates of practical/vocational, diploma, associate degree, baccalaureate, master's, practice doctorate, and research doctorate programs in nursing*. New York, NY: National League for Nursing.

National League for Nursing Accrediting Commission (NLNAC) (2002). *Accreditation manual*. Retrieved from <http://www.nlnac.org/manuals/NLNACManual2002.pdf>

Puchalski, C. (2006). Spiritual assessment in clinical practice. *Psychiatric Annals*, 36(3), 150.
Quality and Safety Education for Nurses [QSEN]. (2007). Retrieved July 14, 2009 from http://qsen.org/competencydomains/competencies_list.

Von Achterberg, T., Schoonhoven, L., & Grol, R. (2008). Nursing implementation science: How Evidence-based nursing requires evidence-based implementation. *Journal of Nursing Scholarship*, 40(4), 302-310.

Watson, J. (2008). *Nursing: The philosophy and science of caring*. Denver, CO: University Press of Colorado.

Whitehead, D., Weiss, S., & Tappen, R. (2010). *Essentials of nursing leadership and management*. (5th ed.). Philadelphia: F. A. Davis Company.